

THE SOLUTION CENTER, LLC



100 Manetto Hill Road, Suite 205

Plainview, NY 11803

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Hauppauge, NY 11788

516-650-6478

CONSENT FOR COUPLES COUNSELING

The purposed of this document is to create and preserve a counseling environment where the parties concerned can feel free to participate and disclose, knowing that what is divulged will not be used against them in a court of law.

I, (PRINT) _____, do willingly agree to participate in counseling with my wife/husband/partner, (PRINT) _____, under the clinical care of Daphne J. Schuster, LMFT, LCSW, or designated Solution Center, LLC licensed therapist

I understand that what is said and/or discussed during the counseling session/s is not to be repeated or discussed with my lawyer/s and/or legal representative/s (present, past or future) or in a court of law without the joint written consent of myself and this therapist. This agreement is binding, whether or not there is a legal dissolution of the marital/partner relationship.

I also agree that I, or any of my legal representative/s will not subpoena Daphne J. Schuster, LMFT, LCSW or my Solution Center, LLC therapist (as indicated above), to testify in court or in

any part of legal proceedings involving material disclosed as a result of counseling sessions, nor ask for a statement or report (verbal or written) of said material from the therapist. This agreement is binding after either I and/or my spouse terminate treatment with Daphne J. Schuster, LMFT, LCSW or the designated Solution Center, LLC licensed therapist previously indicated.

SIGNATURE: _____

DATE: _____

(Please Print): _____

SIGNATURE: _____

DATE: _____

(Please Print): _____